



## Training Request Form

Name of person requesting training:	
Department:	
Date of training:	
Time of training:	
Location of training (building/room....):	
Phone number:	
Number of attendees:	
Topic requested:	

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**EHS Use Only**

Can accommodate training date/time:	Yes		No
Responded back to requestor:	Yes	No	N/A
Added details to calendar:	Yes	No	N/A
Any charges apply to training:	Yes	No	N/A
Acquire funding code:	Yes	No	N/A